$N_0 = 21 - 5036$

IN THE

SUPREME COURT OF THE UNITED STATES

| Supreme Court, U.S. FILED | | | |
|------------------------------|---|---|------|
| JUN | 1 | 8 | 2021 |

OFFICE OF THE CLERK

MARK McCUNE PETITIONER
(Your Name)

PHH MORT GAGE __ RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:

| | Petitioner has previously been granted leave to proceed in forma pauperis in |
|-------|--|
| AZ 50 | PREMECT, AZ COURT OF APPEALS DIVE PIMA COUNTY SUPERIOR COURT All COURTS PREIN ARTZON |
| + | PIMACOUNTY SUPERIOR COURT |
| | Petitioner has not previously been granted leave to proceed in formal operis in any other court. |
| | ☐ Petitioner's affidavit or declaration in support of this motion is attached hereto. |
| app | ☐ Petitioner's affidavit or declaration is not attached because the court below pointed counsel in the current proceeding, and: |
| | ☐ The appointment was made under the following provision of law:, or |
| ~ | a copy of the order of appointment is appended. Mythor Mytho |
| 6 | (Signature) |

IN THE SUPREME COURT OF THE UNITED STATES

RE Application For MOTION STAY AND COMPANY

AS PER RULE 23 See 28 U. S. C. § 2101(f)

TO PROCEED INFORMA PAUPEROUS

THE NAMES OF COURTS THAT LAST

Denied my previous motions for Stay and injunction are

From ARIZONA SUPREME COURT CV -21-0056

ARIZONA COURT OF APPEALS Division 2 From

CASE No. 2 CA CV 2019 0211

MARK W MCCUNE,

From Superior Court Tucson Cause no. C 2019 5500 man mulune MATTACHMENT

Plaintiff PETITIONER Proper, Prose

Vs, Defendants, RESPONDENT(S)

PHH MORTGAGE et al,

NOVA HOME LOANS

WESTERN PROGRESSIVE,

Plaintiff Mark McCunes Reason for this motion to Stay is to stop the july 8th 2021 forcloser on my house because no lender or bank is owed money,

A Fraudulent assingnment of deed of trust was recorded on 2131 n Frannea, April 1st 2016 by Nova home loans

plaintiff Mark McCune has 2 letters from Nova home loans and Wells fargo showing there is no loan on my house, see key exhibits 2, 11

there has never been a trial or judgement as to any moneys owed . there are no monies owed to anyone

phh mortgage is claiming to service a mortgage and trying to forclose on a mortgage that does not exist,

1. For both you and your spouse, estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

| | Average monthly amount during the past 12 months | | Amount expected next month | |
|--|--|--------|----------------------------|--------|
| Income Source | You | Spouse | You | Spouse |
| Employment . | \$ | \$ | \$ | \$ |
| Self-Employment | \$ | \$ | \$ | \$ |
| Income from real property (such as rental income) | \$ 675 | \$ | \$ | \$ |
| Interest and Dividends | \$ | \$ | \$ | \$ |
| Gifts | \$ | \$ | \$ | \$ |
| Alimony | \$ | \$ | \$ | \$ |
| Child Support | \$ | \$ | \$ | \$ |
| Retirement (such as social security, pensions, annuities, insurance) | \$ | \$ | \$ | \$ |
| Disability (such as social security, insurance payments) | \$ | \$ | \$ | \$ |
| Unemployment Payments | \$. | \$ | \$ | \$ |
| Public-Assistance (such as welfare) | \$ [190 | \$ | \$ | \$ |
| Other (specify) | \$ | \$ | \$ | \$ |
| TOTAL MONTHLY INCOME: | \$ 865 | \$ | \$ | \$ |

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2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

| Employer | Address | Dates of Employment | Gross Monthly Pay |
|----------|---------|------------------------|----------------------|
| none | | From na | \$ |
| | | To na | <u> </u> |
| none | | From | \$ |
| | | То | |
| | | From | \$ |
| | | То | Φ |
| | | From | 0 |
| | | То | \$ |

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

| Employer | Address | Dates of Employment | Gross Monthly Pay |
|-----------|---------|------------------------|----------------------|
| no spouse | | From To | \$ |
| | | From To | \$ |
| | | From To | \$ |
| | | From To | \$ |

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| 4. How much cash do you and your spouse have? | \$ | 35 |
|--|----|----|
| 1.110 w much cush do you and your spouse have. | Ψ | [|

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

| Financial Institution | Type of Account | Amount You Have | Amount Your Spouse Has | |
|-----------------------|-----------------|-----------------|---------------------------|--|
| vantage west | checking | \$ #5 | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishing.

| Home | Value | Other Real Estate | Value |
|---|------------------------|-------------------|--------------------------|
| \$170,000 house -\$170,000 lien -\$20003341334 BOVAIVE | \$ negative- \$ (0,000 | none f | \$ neg -\$ 0 ,000 |

| Motor Vehicle 1: Make & Year | Model | Registration # | Value |
|------------------------------|---------|----------------|--------|
| Lincoln 1999 | towncar | | \$ 150 |
| Motor Vehicle 2: Make & Year | Model | Registration # | Value |
| | | | \$ |

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| Other Asse | ts | Value |
|--|------------------------------------|------------------------------------|
| chrome book | | \$ [100 |
| tv | | s @ 25 |
| vcr | | \$ 20 |
| 6. State every person, business, or organization | on owing you or your spouse mone | ey, and the amount owed. |
| Person owing you or your spouse | Amount owed to you | Amount owed to your spouse |
| none | \$ 0 | \$ |
| · | \$ | \$ |
| | \$ | \$ |
| 7. State the persons who rely on you or your sand not the full name. | spouse for support. If a dependent | is a minor, list only the initials |
| Name | Relationship | Age |
| no one | | |
| | | |
| | | |
| | | mm |

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

| | You | Spouse |
|---|--------------|--------|
| Rent or home-mortgage payment (include lot rented for mobile home) | \$ 0 | \$ |
| - Are real estate taxes included? OYes No - Is property insurance included? OYes No | | |
| Utilities (electricity, heating fuel, water, sewer, and telephone) | \$ 100 75 67 | \$ |
| Home maintenance (repairs and upkeep) | \$ 50 | \$ |
| Food | \$ 400 | \$ |
| Clothing | \$ 20 | \$ |
| Laundry and dry-cleaning | \$ [10 | \$ |
| Medical and dental expenses | \$ 40 | \$ |
| Transportation (not including motor vehicle payments) | \$ 45 | \$ |
| Recreation, entertainment, newspapers, magazines, etc. | \$ 0 | \$ |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| - Homeowner's or renter's | \$ | \$ |
| Life | \$ | \$ |
| - Health | \$ | \$ |
| - Motor Vehicle | \$ 40 | \$ |
| - Other | \$ | \$ |
| Taxes (not deducted from wages or included in mortgage payments) | | |
| Specify | \$ | \$ |

mon

| | You | Spouse | | | |
|---|------------------------|-----------------|--|--|--|
| Installment payments . | | | | | |
| - Motor Vehicle | \$ 0 | \$ | | | |
| - Credit Card (name) | \$ 0 | \$ | | | |
| - Department Store (name) | \$ 0 | \$ | | | |
| Alimony, maintenance, and support paid to others | \$ 0 | \$ | | | |
| Regular expenses for the operation of business, profession, or farm (attach detailed statement) | \$ | \$ | | | |
| Other (specify) printer ink for printer | \$ [16 | \$ | | | |
| TOTAL MONTHLY EXPENSES | \$ 863 | \$ | | | |
| 9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months? O'Yes No If Yes, describe on an attached sheet. 10. Have you spent—or will you be spending—any money for expenses or attorney fees in connection with this lawsuit? O'Yes No If Yes, how much? \$ 0 11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal. i was hit head on by a car several years ago when i drove a motorcycle, i injured my hip, back, knee, i have several medical problems and a severe infections on my legs, i had to declare bankuptcy in 2017 and i started recieving Des Arizona medical assistance and | | | | | |
| food stamps in Feb 2020 i havent been able to work for several I HAVE HAD BLOOD CLOTS IN A AND SOME HEART PRO | MY LUNG BIEMC | S | | | |
| 12. State the city and state of your legal residence. | | | | | |
| City Tucson State Arizona | | | | | |
| Your daytime phone number (ex., 415-355-8000) 520 358 0386 | | | | | |
| Your age Vour years of schooling 16 | | | | | |
| 2/18/1963 Feedback or questions about this ffm? tryfilus of forms@cl | Melun Guscourts gov | 6 | | | |
| Form 4 JUNE 16202 17 | | Rev. 12/01/2018 | | | |